



IOWA PLUMBING AND MECHANICAL SYSTEMS BOARD JOINT CONTRACTOR LICENSE & REGISTRATION RENEWAL APPLICATION INSTRUCTIONS

Completed applications may be submitted with applicable fees to:

Iowa Plumbing and Mechanical Systems Board
Iowa Dept. of Public Health
321 E 12th Street
Des Moines, Iowa 50319

Visit our website at
<http://idph.iowa.gov/PMSB> for additional
information on licensure requirements.
For questions, call toll free (866) 280-1521.

An application is not considered complete and will not be processed until all items have been submitted, including fees. Please allow up to four weeks for processing. Applications and payments are not accepted over the phone.

Part 1 – Business Information. Please write legibly and complete each question. Iowa law requires contractors to maintain and provide a permanent business address as part of the application. This address may be different than the mailing address, but must be provided for all applications. If you provide a valid email address, your license certificate and wallet card will be emailed directly to you as soon as your license application is approved.

Part 2- Screening Questions. All applicants must answer questions #1 to #3. Sole proprietors must also answer questions #4 through #6. If you answer “Yes” to any of the questions, your application may be referred to the board for additional review. You must answer “Yes” even when a conviction or judgment has been deferred or expunged from your record. Please provide any pertinent details and documentation with your application.

Part 3 – Contractor Registration. Pursuant to Iowa Code chapter 91C a contractor must also maintain registration as a contractor with the Iowa Division of Labor. These requirements are separate from the requirements for contractor licensure with the Plumbing & Mechanical Systems Board (PMSB). This application form allows you to submit a single application for both your license (issued by PMSB) and your contractor registration (issued by the Iowa Division of Labor). The information in this section is **required** by the Division of Labor to issue your contractor registration.

Unemployment Insurance Number (UI#)

You must obtain an unemployment insurance number before applying for contractor registration even if you have no employees. To obtain a UI# visit www.myiowaui.org or contact customer service at 888-848-7442 or IWDuitax@iwd.iowa.gov.

Fee Exemption

Self-employed contractors who meet the specific criteria may send a completed fee exemption form instead of payment for the contractor registration portion of the fee. To qualify for registering without payment, a self-employed contractor must not work with or for other contractors in the same phases of construction and must not pay more than \$2,000.00 per year to employ others. **NOTE:** This exemption applies only to the registration portion of the fee and does NOT apply to the licensing fee. You must be able to answer YES to the questions in this section to qualify for the exemption. You must have Attachment B Fee Exemption Form notarized and attached to the application.

Part 4 – Division of Labor Workers’ Compensation Insurance Information.

A contractor with one or more employees must submit proof of workers’ compensation insurance. In most cases employers must submit a certificate of insurance showing an effective date and listing the Division of Labor as a certificate holder. A self-insured contractor shall submit a [Certificate of Relief](#) from the Iowa Insurance Division.

Part 5 – Division of Labor Out-of-State Contractor Bond Information.

Out-of-state contractors must file a \$25,000.00 surety bond at the time of registration and renewal. The bond must be issued by a surety company licensed to do business in Iowa on the [out-of-state bond form](#) provided at the end of this

application. However, an out-of-state contractor that is pre-qualified to bid on projects for the Iowa Department of Transportation may submit a letter. For questions about the out of state contractor bond, contact the Division of Labor at contractor.registration@iwd.iowa.gov or 515-242-5871.

Part 6– Public Liability Insurance Information. Complete this section by filling in all details about your public liability insurance. **Sole Proprietor:** If the applicant operates the contractor business as a sole proprietorship, provide the board with evidence that the applicant personally obtained the policy (ex: Joe Smith DBA Joe Smith Plumbing). **Firm/Legal Entity:** If the applicant operates the contractor business as an employee or owner of a legal entity, provide the board with evidence that the insurance policy is obtained by the entity and that the insurance covers all plumbing or mechanical work performed by the entity.

- A minimum of \$500,000 general business liability coverage issued by an entity licensed to do business in this state.
- The certificate holder needs to be listed as the **Iowa Plumbing and Mechanical Systems Board, 321 East 12th Street, Des Moines, Iowa 50319.**
- The certificate provided to the board must identify that the public liability insurance policy shall not be canceled without the entity first giving 10 days written notice to the board.
- **A copy of the certificate must be provided with the application.**

Part 7– Surety Bond Information. Complete this section by filling in all details about your surety bond. Applicant must provide the board with evidence of a surety bond issued by an entity licensed to do business in Iowa in a minimum amount of \$5,000. **Sole Proprietor:** If the applicant operates the contractor business as a sole proprietorship, provide the board with evidence that the applicant personally obtained the surety bond. **Firm/Legal Entity:** If the applicant operates the contractor business as an employee or owner of a legal entity, provide the board with evidence that the surety bond was obtained by the entity and that the surety bond covers all plumbing or mechanical work performed by the entity.

- Minimum amount of \$5,000.
- The obligee for the bond must be listed as the customers of the principal. It cannot be the state of Iowa or the Board. There have been bonds approved that used language such as, “licensee’s Iowa customers” or “Person(s) injured by Principal’s breach of construction contract.”
- The surety bond also needs a 10 day (minimum) cancellation notice provided to the **Iowa Plumbing and Mechanical Systems Board. A copy of the certificate must be provided with the application.**

Part 8 – Division of Labor Other Business Member Contact List. Provide contact information for an additional owner, officer, partner or member of the business, if applicable.

Part 9 – Master of Record Information. Mark the appropriate circle(s) to identify the trade disciplines in which plumbing or mechanical systems work is performed. A licensed master of record must be associated with each trade discipline. Note: mechanical work includes HVAC/R and Hydronics. Only one master of record per trade discipline will be accepted. “Master of record” means an individual possessing an active master license in Iowa who shall be responsible for the proper designing, installing, and repairing of the plumbing HVAC, refrigeration, sheet metal or hydronic work of the person. For a sole proprietorship, the business owner must be a licensed master in the applicable discipline as required by Iowa Code section 105.10(2). Attach and complete a master of record certification form for each person listed. (Attachment A)

Part 10 – Applicant’s Signature. Read the statement, sign and date the application. An applicant is responsible for the accuracy of the information provided, regardless of who completes and submits the applicant's licensure application.

Master of Record Certification Form (Attachment A). The master of record (MOR) for each of the trade disciplines named must complete and sign this form indicating that the person agrees to serve as MOR for the business. If you have more than one MOR, copy this form and submit a separate form for each individual. If the same individual is serving as MOR in multiple trades, only one form per person is required. Sole proprietor must personally hold the master license(s).

Fee Exemption Form (Attachment B). Attach this form if you are requesting a fee exemption from the contractor registration portion of the fee. The form must be notarized and you must meet all of the conditions specified on the form.

Fees

The fee due is based on the date the license originally expired, plus any late fees, and paper application fees. Once renewed, the license and registration would be valid until June 30, 2020. For contractor licenses that expired on June 30, 2017, the following fee breakdown is applicable.

Contractor license fee due =	\$250*
Contractor registration fee due	\$150 (unless exempt and notarized fee exempt form included)
Late renewal fee due =	\$100
Plus paper application fee	<u>+\$25</u>
Total due for paper application =	\$525

If you qualify for an exemption for the IWD portion of the fee, the total amount due for a paper application would be \$375.

*If you are renewing more than one active master, contractor, or journey person license in one or more disciplines *for the same person*, a fee discount of 30% may be deducted from the license application fees. To receive the 30% discount all licenses must be for the **same individual** and **purchased in the same transaction**. The 30% discount does not apply to the paper application fee, late fees, or the registration portion of the fee. If applying online, the discount will calculate automatically (remember both applications must be submitted on the same day and be for the same person).

If the license expired between February 2018 and June 2018, add an additional pro-rated license fee of \$41.75 to cover the period from Feb 2018 – June 30, 2017, for a total due of \$566.75.

NOTE: If your contractor license expired more than one year ago, it can no longer be renewed. You must submit an application to obtain a new contractor license, including all required bond and insurance documents.

Checklist for application

- ☐ Application form completely filled out (all 4 pages).
- ☐ Part 2, Screening Questions, questions 1-3 have been answered. Sole proprietors must answer questions 1 through 6. An explanation for any “Yes” response provided and any supporting documentation attached.
- ☐ Part 3, Contractor Registration Details. Answer all questions. You must have an unemployment insurance account number even if you have no employees.
- ☐ Part 4, workers compensation insurance certificate or certificate of relief is attached, unless you have no employees.
- ☐ Copy of certificate of professional liability insurance has been attached.
- ☐ Copy of surety bond has been attached.
- ☐ Master of Record Certification Form (Attachment A) has been filled out, read, signed & dated, by each Master of Record.
- ☐ Check or money order, made payable to the Iowa Plumbing & Mechanical Systems Board (or PMSB).
- ☐ Completed form, attachments & fee enclosed & mailed to board office. Mail to: PMSB – Iowa Dept. of Public Health; 321 E 12th St; Des Moines, IA 50319.

For questions call toll-free (866) 280-1521 or email PMSB@idph.iowa.gov or visit the board website at <http://idph.iowa.gov/PMSB>. For questions about the unemployment insurance requirement, workers compensation requirements, or out of state contractor bond, contact the Division of Labor at contractor.registration@iwd.iowa.gov or 515-242-5871.

Contractor Registration

Iowa Division of Labor

1000 East Grand Avenue

Des Moines, IA 50319-0209

Phone: 515-242-5871

Fax: 515-725-2427

iowadivisionoflabor.gov/contractor-registration

contractor.registration@iwd.iowa.gov

BOND REQUIREMENTS FOR OUT-OF-STATE CONTRACTORS

With limited exceptions each contractor with a principal place of business outside of Iowa must file a \$25,000 bond in order to register. Having a branch office in Iowa does not exempt a contractor from the bonding requirement.

The bond guarantees that you pay all taxes, penalties and other monies due to the State of Iowa as a result of your work in Iowa. Only the State of Iowa and its agencies or divisions can collect under the bond. The bond does not cover any other debts.

You must file a bond with original signatures and original surety company seal, when applying for your construction contractor registration number. Your bond must be executed by a surety company licensed to do business in Iowa, and it must be issued on the bond form provided by the Iowa Division of Labor. Bond effective date must match application date. In most cases, you must attach your surety company's power-of-attorney. **Bonds must be attached to the application or renewal form. Contractor Registration numbers WILL NOT be assigned without a bond.**

Existing Bonds on File

If a current \$25,000 bond is on file, a continuation bond MUST be filed at the time of renewing. Bonds shall NOT exceed the one (1) year statutory period unless a continuation is filed or the bond is cancelled by the surety company, with not less than thirty (30) days' written notice to the Iowa Division of Labor.

False Information

Supplying false information with a contractor registration application may result in a \$500 civil penalty and criminal prosecution.

Exemptions

Instead of submitting a bond, a contractor may submit with the contractor registration application or renewal form, a copy of the contractor's letter from the Iowa Department of Transportation stating that the contractor is prequalified to bid on projects pursuant to Iowa Code 314.1. The Iowa bonding requirement may be suspended due to federal law or rule, or if enforcement would cause denial of federal funding.



Plumbing & Mechanical Systems Professionals Joint Contractor License Renewal & Registration Application

Mail completed application and fee to: Plumbing & Mechanical Systems Board – IDPH
321 E. 12th St.
Des Moines, IA 50319

Part 1. Business Information.

Business Name		Contractor License Number	
Full Name of Business Owner (First Middle Last)			
Business Email		Owner Email	
Business Phone	Mobile Number	Fax	
Permanent Physical Business Address			
City	State	Zip	
Mailing Address, If Different			
City	State	Zip	
Please check which address to display on the board website: <input type="checkbox"/> Permanent <input type="checkbox"/> Mailing			
Federal Tax ID# (FEIN) or SSN if sole proprietor		Number Provided <input type="checkbox"/> SSN of Owner or <input type="checkbox"/> Business FEIN	
Privacy Act Notice: Disclosure of your Social Security Number is required by 42 U.S.C. § 666(a)(13), Iowa Code §252J.8(1), §261.126(1), and §272D.8(1). The number will be used in connection with the collection of child support obligations, college student loan obligations, and debts owed to the state of Iowa, and as an internal means to accurately identify licensees, and may also be shared with taxing authorities as allowed by law including Iowa Code § 421.18.			
Business Type <input type="radio"/> Corporation <input type="radio"/> Firm/Entity <input type="radio"/> Partnership <input type="radio"/> Sole Proprietor/Individual Ownership			

Part 2. Screening Questions.

The following questions must be answered by all applicants. If you answer "Yes" to any questions below (1) attach a signed letter of explanation providing the details of the incident, including date(s), location(s), status, reason, etc., (2) attach a copy of any court ordered evaluations, showing completion & recommendations, and (3) attach a copy of all official court documents regarding your conviction/malpractice suit, including final disposition or settlement. You must answer "Yes" even when a conviction or judgment has been deferred or expunged from your record.

1. Has any state or other jurisdiction of the United States or any other nation ever limited, restricted, warned, censured, placed on probation, suspended, revoked, or otherwise disciplined a professional license, permit, registration, or certification issued to you or the organization?	<input type="radio"/> Yes <input type="radio"/> No
2. Have there ever been judgments or settlements paid on your behalf or the organization's behalf as a result of a professional liability case?	<input type="radio"/> Yes <input type="radio"/> No
3. Have you or the organization ever had a license, permit, registration, or certification denied, suspended, revoked, or otherwise disciplined by a certification body?	<input type="radio"/> Yes <input type="radio"/> No

If you answered Yes to any of the above questions please provide a detailed explanation. Attach additional sheets, signed by you, as necessary.

The following additional questions must be answered by sole proprietor applicants only. If you answer "Yes" to any questions below (1) attach a signed letter of explanation providing the details of the incident, including date(s), location(s), status, etc., (2) attach a copy of any court ordered evaluations, including any recommendations, & (3) attach a copy of all official court documents regarding your conviction/malpractice suit, including final disposition or settlement. You must answer "Yes" even when a conviction or judgment has been deferred or expunged from your record.

4. Do you have a medical condition, which in any way currently impairs or limits your ability to perform the duties of this profession? Medical Condition: means any physiological, mental, or psychological condition, impairment, or disorder, including drug addiction and alcoholism?	<input type="radio"/> Yes <input type="radio"/> No
5. Have you, within the past 5 years, engaged in the illegal or improper use of drugs or other chemical substances?	<input type="radio"/> Yes <input type="radio"/> No
6. Have you ever been convicted of, or entered a plea of no contest to a misdemeanor or felony crime? (Other than minor traffic violations with fines under \$250). You must answer yes if the court expunged the matter or the court deferred judgment.)	<input type="radio"/> Yes <input type="radio"/> No

If you answered Yes to any of the questions 3 to 6, please provide a detailed explanation. Attach additional sheets, signed by you, as necessary.

Part 3. Contractor Registration Details. Pursuant to Iowa Code chapter 91C a contractor must also maintain registration as a contractor with the Iowa Division of Labor and renew registration at the time of license renewal. These requirements are separate from the requirements for contractor licensure with the board. The information provided will be transmitted to the Iowa Division of Labor for your contractor registration. The Division of Labor may contact you if they have questions about your registration details.

Are you already registered as a contractor with the Iowa Division of Labor? ☐ Yes ☐ No

If yes, existing Iowa Contractor Registration Number (begins with a C):

Unemployment Insurance (UI) Account Number:

Are you requesting a fee exemption from the Division of Labor registration fee? ☐ Yes ☐ No

If you select yes, you must attach a notarized copy of the Fee Exemption Form (Attachment B). Note the fee exemption only applies to the IWD registration fee and NOT the Plumbing & Mechanical Systems Board contractor license fee. To qualify for the fee exemption, you must be able to answer Yes to each of the following questions:

I do not pay more than \$2,000 per year to employ other persons (do not include yourself) in the business of construction.	<input type="radio"/> Yes <input type="radio"/> No
I never perform construction work with or for other contractors working in the "same phase of construction" at the job site. The "same phase of construction" is defined as the same type of work, such as masonry, stonework, electrical work or concrete work, etc.	<input type="radio"/> Yes <input type="radio"/> No
If applicable, I have enclosed a list of all current employees and a list of all employees who have worked for me in the past 12 months and the amount paid to each employee.	<input type="radio"/> Yes <input type="radio"/> No

Select your Worker's Compensation Compliance Method:

- ☐ I am insured – enclose copy of Workers' Compensation Insurance certificate listing the Iowa Division of Labor as a certificate holder.
- ☐ I am self-insured – enclose copy of Certificate of Relief issued by the Iowa Insurance Division.
- ☐ I have no employees.

Part 4. Division of Labor Worker's Compensation Insurance Information.

Insurance Company Name			
Insurance Company Contact Representative		Insurance Company Telephone	
Policy Number	Amount of Policy	Effective Date	Expiration Date
<input type="radio"/> Enclosed is my Workers Compensation Insurance certificate, Certificate of Relief, or I have no employees.			

Part 5. Division of Labor Out-of-State Contractor Bond Information.

Bonding Company Name			
Bonding Company Contact Representative		Bonding Company Telephone	
Bond Number		Amount of Bond	
Check Type:	<input type="radio"/> Continuation Certificate <input type="radio"/> Continuous Renewal	Effective Date	Expiration Date
<input type="radio"/> Enclosed is a copy of my out of state contractor bond. (Required if you are out of state)			

Part 6. PMSB Public Liability Insurance Information.

Insurance Company Name			
Insurance Company Contact Representative		Insurance Company Telephone	
Policy Number	Amount of Policy	Effective Date	Expiration Date
<input type="radio"/> Enclosed is my current Certificate of Liability Insurance. (Required)			

Part 7. PMSB Surety Bond Information.

Bonding Company Name			
Bonding Company Contact Representative		Bonding Company Telephone	
Bond Number		Amount of Bond	
Check Type:	<input type="radio"/> Continuation Certificate <input type="radio"/> Continuous Renewal	Effective Date	Expiration Date
<input type="radio"/> Enclosed is a copy of my current surety bond. (Required)			

Part 8. Division of Labor Other Business Member Contact List.

Check one: <input type="checkbox"/> Additional owner, <input type="checkbox"/> Officer, <input type="checkbox"/> Partner or <input type="checkbox"/> Member			
Name (First Middle Last)			
Email address			Phone Number
Mailing Address	City	State	Zip

Part 9. Master of Record Information. Identify the trade(s) in which work is performed and provide the name of the Master of Record for each trade. Only one Master of Record will be accepted per trade. Attach and complete the Master of Record Certification Form for each person listed. (Attachment A)

Trade Discipline	Master of Record Name	Iowa Master License #:
<input type="radio"/> Plumbing		
<input type="radio"/> HVAC/R		
<input type="radio"/> Hydronics		
<input type="radio"/> Mechanical		

Part 10. Applicant Signature & Affidavit. Please read carefully. You must sign & date for your application to be processed.

I certify that I am either (1) a sole proprietor or (2) a business owner of the applicant and am authorized to submit this contractor license application and contractor registration application on behalf of the firm/entity.

I certify that I have read all requirements pursuant to Iowa Code chapter 105 & Iowa Administrative Code pertaining to contractor licensing, including 641—23.2(105), 641—23.3(105), and 641 IAC Chapter 32.

I certify that I have carefully read the questions on this application and have answered them completely and truthfully. I declare under penalty of perjury that the answers, and all other statements or information submitted by me in this application are true and correct. If it is determined at any time that I have provided misleading or false information on, or in support of, this application, I understand that the applicant's license (or mine if applicable) may be subject to disciplinary action, license revocation and criminal prosecution.

I also understand that this application is a public record in accordance with Iowa Code chapter 22 and that application information is public information, subject to the exceptions contained in Iowa law. Finally, in submitting this application, I consent on behalf of the applicant/firm/entity to any reasonable inquiry, including a licensing audit that may be necessary, to verify the information I have provided on, or in conjunction with, this application.

An applicant is responsible for the accuracy of the information provided, regardless of who completes and submits the applicant's application. Incomplete applications shall be considered invalid after 90 days and shall be destroyed. All fees are nonrefundable.

Printed Name of Business Owner: _____

Signature of Business Owner: _____

Date of Signature: _____

Master of Record Certification Form (Attachment A)

Contractor applications must have a Master of Record Certification form for each master of record named for the business. The purpose of this form is to ensure that the Master of Record named by the business agrees to serve as the Master of Record (MOR) for the business and understands their responsibilities. If you have more than one MOR, copy this form and submit a separate form for each individual.

Business Name:

Master of Record Name:

License #:

"Master of record" means an individual possessing an active master license under Iowa Code chapter 105 who shall be responsible for the following:

- Proper designing, installing, and repairing of plumbing, mechanical, HVAC-refrigeration, sheet metal, or hydronic systems;
- Being actively in charge of the plumbing, mechanical, HVAC-refrigeration, sheet metal, or hydronic work of the contractor.

I hereby, agree to be the Master of Record, as defined above, for the contractor named on this form, in the following trade disciplines:

☐ Plumbing ☐ HVAC/R ☐ Hydronics ☐ Mechanical

A master may only be a master of record for one contractor in any particular discipline at any one time, except that a contractor or a master may seek prior board approval to serve as the master of record for more than one contractor in a particular discipline. An individual who possesses master licenses in multiple disciplines may be a master of record for multiple contractors so long as the individual is only a master of record for one contractor in any particular discipline at one time. Without prior board approval, a contractor shall not knowingly utilize a master licensee to meet this requirement if the master licensee is simultaneously associated with another contractor in that discipline.

☐ Yes ☐ No

Are you currently serving as Master of Record for another licensed contractor in plumbing, HVAC/R, hydronics, or mechanical systems?

If yes, provide name of business and specify the trade disciplines in which you are serving as master of record:

Supervision. A master who superintends the design, installation, or repair of plumbing, mechanical, HVAC-refrigeration, or hydronic systems shall be available to supervise journeypersons or apprentices as needed and may only provide such supervision in the discipline or disciplines in which the master is licensed. A master shall not knowingly supervise unlicensed persons who perform work covered under Iowa Code chapter 105 for which a board-issued license is required.

A helper for which a license is not required may only perform general manual labor activities under the supervision of a journeyperson or master. A licensee who utilizes the services of an unlicensed helper shall be responsible for the work performed by the helper and shall ensure that such work conforms to the minimum standard of acceptable and prevailing practice.

Master of Record Signature & Affidavit. Please read carefully, sign & date.

I certify that I have read and understood the requirements to serve as Master of Record for the contractor named above. I hereby agree to be Master of Record for this contractor in the trade discipline(s) specified.

I certify that I understand the requirements for providing supervision and agree that I will not knowingly supervise unlicensed persons who perform work covered under Iowa Code chapter 105 for which a board-issued license is required.

I understand I must notify the board within 30 days in the event I am no longer serving as master of record for this contractor. I understand that violation of any of these requirements may subject me to disciplinary action against my master license, up to and including license revocation.

Signature: _____ **Date** _____

Contractor Registration**Iowa Division of Labor**

1000 East Grand Avenue

Des Moines, IA 50319-0209

Phone: 515-242-5871

Fax: 515-725-2427

www.iowadivisionoflabor.gov/contractor-registrationcontractor.registration@iwd.iowa.gov

Attachment B

FEE EXEMPTION FORM

If **all** of the following statements are true for you, you qualify for an exemption from the **\$50 yearly (\$150 for three years or pro-rated portion thereof)** contractor registration fee. If your business changes so that you no longer meet the exemption requirements, you must immediately forward the fee to the Iowa Division of Labor. If you qualify as fee exempt, sign below and have your signature notarized. Attach an additional sheet for employee data, if necessary.

- I am a self-employed contractor.
- I do not pay more than \$2,000 per year to employ other persons (do not included yourself) in the business of construction.
- I never perform construction work with or for other contractors working in the “same phase of construction” at the job site. The “same phase of construction” is defined as the same type of work, such as masonry, stonework, electrical work or concrete work, etc.
- If applicable, I have enclosed a list of all current employees and a list of all employees who have worked for me in the past 12 months and the amount paid to each employee.

Contractor's signature (only if applying for fee exemption)

Date

STATE OF _____

COUNTY OF _____

Signed and sworn to (or affirmed) before me on this _____ day of _____, 20____,

by _____.

(name of contractor)

NOTARY PUBLIC in and for the State of _____

My commission expires _____

Contractor Registration**Iowa Division of Labor**

1000 East Grand Avenue
Des Moines, IA 50319-0209

Phone: 515-242-5871

Fax: 515-725-2427

iowadivisionoflabor.gov/contractor-registration

contractor.registration@iwd.iowa.gov

FOR OFFICE USE ONLY

Registration number: _____

Date received: _____

OUT-OF-STATE CONTRACTOR BOND FORM

Bond Number: _____ **Effective Bond Date:** _____

THAT _____ of _____
(Principal) (Mailing address)

_____, and _____
(City and State) (Surety)

are held and firmly bound unto the State of Iowa, Division of Labor as the holder in the penal sum of twenty-five thousand dollars (\$25,000) lawful money of the United States, to the payment of which sum, the Principal and Surety firmly bind themselves, their heirs, executors, successors, assigns and administrators, jointly and severally.

This obligation arises because the Principal is an out-of-state contractor desiring to perform construction work in the State of Iowa. Iowa Code Chapter 91C requires the Principal file this bond.

The Principal shall pay all taxes, including contributions due under the unemployment compensation insurance system, penalties, interest and related fees which may accrue to the State of Iowa, due to the Principal's work in Iowa. This bond may be renewed by a Continuation Certificate.

This bond shall be continuous in nature until cancelled by the Surety with not less than thirty (30) days' written notice to the Principal and to the Iowa Division of Labor, but shall not exceed the one (1) year statutory period. This bond shall run concurrently with the annual term of the Principal's out-of-state contractor registration pursuant to Iowa Code Chapter 91C.

The obligation of this bond shall be operative until released in the manner provided in Iowa Code Chapter 91C.

Executed this _____ day of _____, 20_____.

Principal (signature)

Surety (signature)